

REQUESTING POLICE REPORTS AND RECORDS

The request for release of information from the Angels Camp Police Department triggers an elaborate matrix of both departmental and state regulations that specify exactly what information may be released, to whom, and under what circumstances. The Angels Camp Police Department must follow guidelines set forth by the "California Public Records Act" and adhere strictly to State, Government, Evidence, Labor and Civil codes when releasing reports and records.

The Angels Camp Police Department will process requests within ten working days.

- Crime Reports may be released to the victim or authorized agent only per 6254(f) Government Code. Crime reports cost \$15 each. Complete a "Police Report Request Form" to request a crime report. Police reports are not released on cases being prosecuted. Arrested individuals and/or suspects may obtain reports through their legal representatives through the discovery and/or subpoena process.
- Traffic Reports may be released to any person or owner involved in the accident or their authorized agent per 20012 Vehicle Code. Traffic Reports cost \$15 each. Complete a "Police Report Request Form" to request a traffic report.
- Only reports, or portions of reports authorized for release by 6254(f) Government Code, will be released.
- Public Records Act requests will be researched and records and/or responses are mailed within 10 working days. Complete a "Public Records Request" form to request public information. *This form is not required to submit a request, but aids the Department with tracking and responding to your request*

POLICE REPORT REQUEST FORM

Complete all four sections below and sign the form. Only one report request per form. Provide as much information as possible. This form may be delivered in person or mailed to the Angels Camp Police Department. Include a copy of your Photo ID and a \$15 payment made payable to the Angels Camp Police Department.

1. Your Name: _____

Physical Address: _____

Mailing Address: _____

Telephone: _____

2. Case Report Number: _____

Date of Incident: _____

Location of Incident: _____

Involved Person(s): _____

3. Please provide in complete detail your reason for requesting a copy of this report:

4. I certify that I am:

Named in the report: ☐ Check this box to certify that you are named in the requested report.

An Insurance Agent: _____

(Name of Company)

An Authorized Representative of: *(Signed Authorization is Required)* _____

(Person or Location Named in Report)

A Government Agency: _____

(Name of Agency)

Signature: _____

Date: _____

Driver License Number: _____

State: _____



CITY OF ANGELS PO Box 459, 200 Monte Verda Street, Angels Camp, CA 95222 P: (209) 736-2567 F: (209) 736-0517

PUBLIC RECORDS REQUEST

Provide as much information as possible.

This form is not required to submit a request, but aids the Department with tracking and responding to your request.

1. Your Name:

Physical Address:

Mailing Address:

Telephone:

Fax:

Email:

2. Requested Documents: (Be specific as possible. Attach additional paper as necessary.)

[illegible]

Date of Incident:

Location of Incident:

Involved Person(s):

3. Indicate how you would like the Department to respond to your request:

☐ Will pick up at the Police Department☐ Fax☐ Email☐ Mail☐ Other

FOR POLICE DEPARTMENT USE ONLY:

Assigned to: _____ Completion: _____

